



IOWA STATE PARKS CENTENNIAL EVENT APPLICATION FORM



SPONSOR INFORMATION

Contact Person: _____

Sponsoring Organization: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Event Website: _____

Location of Event Official During Event: _____

List any co-sponsors or partners for this event: _____

PARK EVENT GENERAL INFORMATION

State Park: _____ Name of Event: _____

Event Date(s): _____ Centennial Theme: _____

Alternate Date: _____ Event Primary/Starting Location in Park: _____

Event Start Time: _____ End Time: _____

Estimated Number of Participants: _____ Estimated Number of Spectators: _____

Describe applicable area for the event: (include trail names/distance, picnic area, shelters, parking lots and similar facilities. Attach map if needed.)

Describe event activities:

Identify items for the public or participants to bring: (lawn chairs, water, supplies, etc.)

Will there be any registration/activity fees charged? Yes No

Will there be a free will offering or donation? Yes No

Will there be any food sold at the event? Yes No

Will there be any items/goods sold at the event? Yes No

SET UP / TEAR DOWN INFORMATION

Will the sponsoring organization require access to the park between hours of 10 pm and 4 am for event set up or tear down? Yes No

Event Set Up Date: _____ Set-Up Start Time: _____

Event Tear Down/Clean-up Date _____ Clean-up Start Time: _____

SPECIAL EVENT PERMIT REQUIREMENT

Some qualifying centennial events on DNR-managed state park, recreation area, or state forest land may require a special event permit. If your event meets one of the following criteria, a special event permit will be required and you will need to complete the rest of the application:

1. An organized race, tournament, exhibition or demonstration, or other planned event in which an admission fee is charged, prizes are awarded, or competition occurs between participants
2. A planned event that, due to its nature, potential or actual size, or length, would likely adversely impact the use of the area by the public
3. An event in which there is a free will offering or donation request
4. An event in which private vendors will be selling food, souvenirs or other merchandise.

NOTE: Groups who co-sponsor/partner with the DNR on an event must have a special event permit if you charge a registration/activity fee, accept donations or free will offering, fund raise, or invite private vendors to sell food and other items at the event.

CONCESSION INFORMATION

Please list the names of the vendors and the type of concession (food, souvenirs, etc.)

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

ADDITIONAL INFORMATION

Are you a participant in the State Lands Volunteer Program? Yes No

Will there be a need to dig in the ground for any reason? Yes No

If Yes, please explain: _____

Will stakes be used in the ground? Yes No

Will there be any tents larger than 30' x 30'? Yes No

Will any temporary equipment or structures be installed/placed on site? Yes No

If yes, please describe: _____

Will port-a-johns be required to accommodate the anticipated size of the event? Yes No

Identify provider, estimated number of port-a-johns and location(s) where they will be placed.

How will trash collection and disposal be handled for the event?

Will electricity be required for the event? Yes No

How will safety or security be addressed for the event? _____

Will the event utilize portable radios for communication? Yes No

Describe how traffic and parking will be handled for the event?

Will medical or fire personnel be on scene for the event? Yes No

Name of department providing medical and/or fire support during the event: _____

Is there an emergency response plan for the event? Yes No

Insurance Carrier Name: _____

Policy: _____ Issuance Date: _____

FISHING CLINIC INFORMATION

Type of Clinic: _____ Age Group for Event: _____

Instruction will be provided on the following topics at the clinic:

- | | |
|---|--|
| <input type="checkbox"/> Aquatic Habitats | <input type="checkbox"/> Fish Identification |
| <input type="checkbox"/> Equipment Care/Maintenance | <input type="checkbox"/> Fishing Regulations |
| <input type="checkbox"/> Stewardship of Natural Resources | <input type="checkbox"/> Cleaning/Cooking Fish |
| <input type="checkbox"/> Basic Spin Casting Instruction | <input type="checkbox"/> Water Safety |

FISHING TOURNAMENT INFORMATION

Water Area: _____

Boat Ramp Name: _____ Number of Boats: _____

Is this a closed, club-only tournament? Yes No

Select Species Name: _____

Black Bass and Catfish Tournament Questions:

Will the tournament operate under the existing size limit and creel limit for this lake/river? Yes No

Will the tournament use the exemption to the creel limit for this lake/river? (possession of up to 5 fish is allowed) Yes No

Will the tournament use the exemption to the size limit for this lake/river? (possession of bass of any length is allowed) Yes No

Designated Release Persons: _____

(List up to 3)

List any tournament-imposed restrictions on fish:

Method of Fish Release: _____

BOATING AND WATER/ICE INFORMATION:

Have you or will you request assistance from the Coast Guard Auxiliary? Yes No

If yes, what assistance does the event need?

Number of vessels provided by sponsoring organization for safety assistance: _____

Types of vessels used for safety assistance: _____

What type of patrol will the sponsoring organization provide for the safe conduct of the event?

COMMENTS

The applicant understands and agrees that neither the State of Iowa nor the Department of Natural Resources shall be responsible for any injury to persons or damage to property arising out of or incidental to the activities which are subject of this application. The applicant agrees by execution hereof to indemnify and hold harmless the State of Iowa and the department of Natural Resources against all liabilities, costs and expenses which may arise in consequence of the applicant's activities related to this application being approved.

By checking this box, I certify that I made this application on this day, _____ and agree to be bound to the terms and conditions of the authorization and applicable law. Furthermore, I certify that the information contained in this application is true and accurate to the best of my knowledge, and I understand that the Department will revoke a permit if based upon false information.

DNR will review the application and provide a written authorization or special event permit that outlines the terms and conditions for the event.